

**Change of Mailing Address and/or Telephone Number Request**

Loan Number: \_\_\_\_\_

Please consider this your letter of authorization to change the mailing address for my (our) account to:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Reason for the change request:

---

---

Thank you.

\_\_\_\_\_  
Borrower\_\_\_\_\_  
Borrower

Fax this request to CalHFA, Loan Servicing, 916-326-6420